

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) SP02-143 (0157 75-060007)
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Amendments</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-872-6290, on <u>January 26, 2005</u> . Signature: <u>Shoshone Abdulkariem</u> Name: <u>Shoshone Abdulkariem</u>	In re Application of: <u>Ye FANG et al.</u>	
	Application Number: <u>10/602,242</u> Filed <u>June 24, 2003</u>	
	For <u>Toxin Detection and Compound Screening Using Biological Membrane Microarrays</u>	
	Group Art Unit <u>1641</u>	Examiner <u>Nelson C. Yang</u>
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____</p> <p><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ <u>450.00</u></p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ _____</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ _____</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ _____</p> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p><u>Thomas W. Cole</u> <u>January 26, 2005</u> Signature Date</p> <p><u>Thomas W. Cole (Reg. No. 28,290)</u> <u>202-585-8001</u> Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>		

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Alexandria, VA 22313-1450

W632615.1

FEE TRANSMITTAL FOR FY 2005 Patent fees are subject to annual revision. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	10/602,242
		Filing Date	June 24, 2003
		First Named Inventor	Ye FANG et al.
		Examiner Name	Nelson C. YANG
		Art Unit	1641
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	SP02-143 (015275-060007)
(S)450.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: Nixon Peabody LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																											
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SUBMITTED BY Name (Print/Type): Thomas W. Cole Signature: <i>Thomas W. Cole</i>		Registration No. (Attorney/Agent): 28,290 Telephone: (202) 585-8000 Date: January 26, 2005																																																																																																																																																																																																																																											

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